



# **Annual Meeting of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces**

**Thursday, February 23, 2012  
1:00-2:15 p.m.**

Mr. David M. Wennergren  
Interim Director, DoD/VA Interagency Program Office

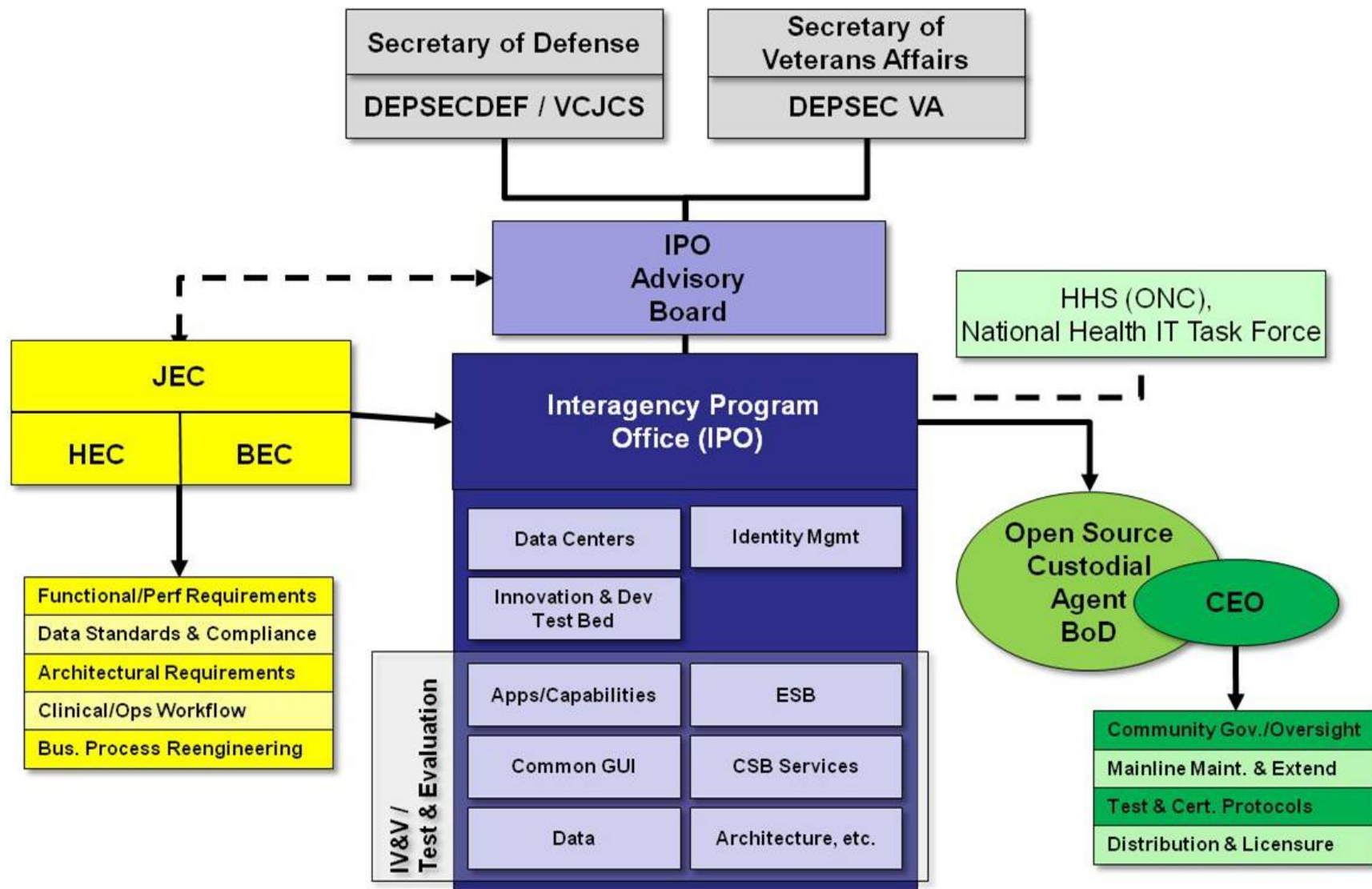
## Background

- While significant data sharing has existed between DoD and VA for years, both Departments were embarked upon separate paths to replace existing legacy Electronic Health Record (EHR) systems
  - DoD was conducting an Analysis of Alternatives (AoA) to evaluate potential materiel solutions for the EHR Way Ahead
  - VA was exploring the framework of modernizing VistA by an Open Source custodian
- Through a series of decision meetings since March 2011, the Secretaries of Defense and Veterans Affairs committed their respective Departments to jointly develop and implement the next generation of EHR capabilities.

## SecDef-SecVA Agreements

- Implement a common architecture, data and services, data centers, interface/exchange standards and presentation layer for iEHR
- Implement a **single** joint common platform using the following sequentially ordered business rules:
  1. Purchase commercially available components for joint use whenever possible and cost effective
  2. Adopt applications developed by VA, DoD, or other federal agencies if a modular commercial solution is not available and currently exists inside government
  3. Approve joint application development on a case by case basis, and only if a modular commercial or federally-developed solution is not available
  4. Applications developed by either Department will be used by the other Department unless justification and approval to develop a separate application is sought from the IPO Advisory Board
- Implement a high-level governance structure that includes the IPO, whose Director serves as the Program Executive, and an IPO Advisory Board

# SecDef-SecVA Agreements: Governance Model



*Delivery of seamless Health Care and Benefits*

## IPO Re-Chartering: October 27, 2011

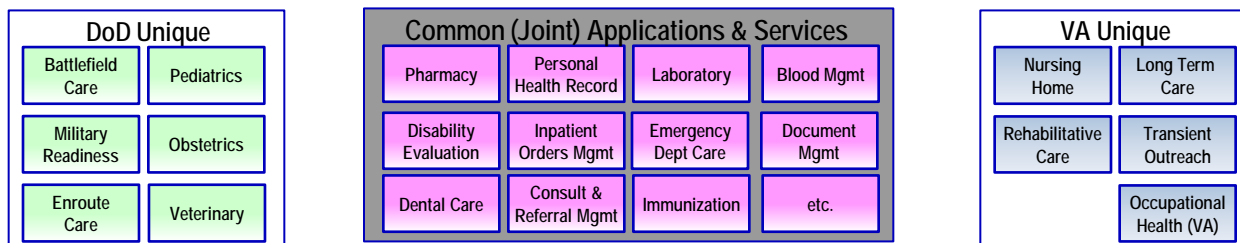
- The IPO now serves as the single point of accountability for the Departments in the development and implementation of the integrated Electronic Health Record (iEHR) and VLER Health initiatives
  - Coordinates with the HEC and BEC to integrate capability, functional requirements, and business process re-engineering (BPR)
- The IPO Director's responsibilities include:
  - Acquire, develop, and integrate major joint DoD-VA Health IT capabilities for the iEHR and VLER Health
  - Prescribe the Departments' design, development, integration, evaluation, and deployment strategies for iEHR systems, capabilities, and initiatives
  - Report annually, and as otherwise required, to the Secretary of Defense, Secretary of Veterans Affairs, and all relevant Congressional committees on the status of projects, initiatives, and programs under the IPO's purview
- The IPO has joint authorization to lead, oversee, and manage all interagency activities related to iEHR and VLER Health:
  - Planning
  - Programming and budgeting
  - Contracting
  - Architecture
  - Capability Acquisition and Development
  - Data Strategy and Management
  - Infrastructure Requirements and Funding
  - Common Services
  - Implementation
  - Sustainment
  - Testing and Evaluation Planning

# iEHR “To Be” Architecture

Common DoD-VA Requirements: HL7 EHR-S Functional Model with DoD and VA vetted Extensions (SV-4)  
 Common DoD-VA Integrated Health Business Reference Model (OV-5)  
 Common DoD-VA “To Be” Process Flow Model (OV-6C)

Presentation  
 (Common GUI)

## Applications and Services *(not a complete list)*



Common Interface Standards

Common Services Broker  
*(includes Enterprise Service Bus (ESB) and Infrastructure Services)*

Common Interface Standards

Common Data Centers

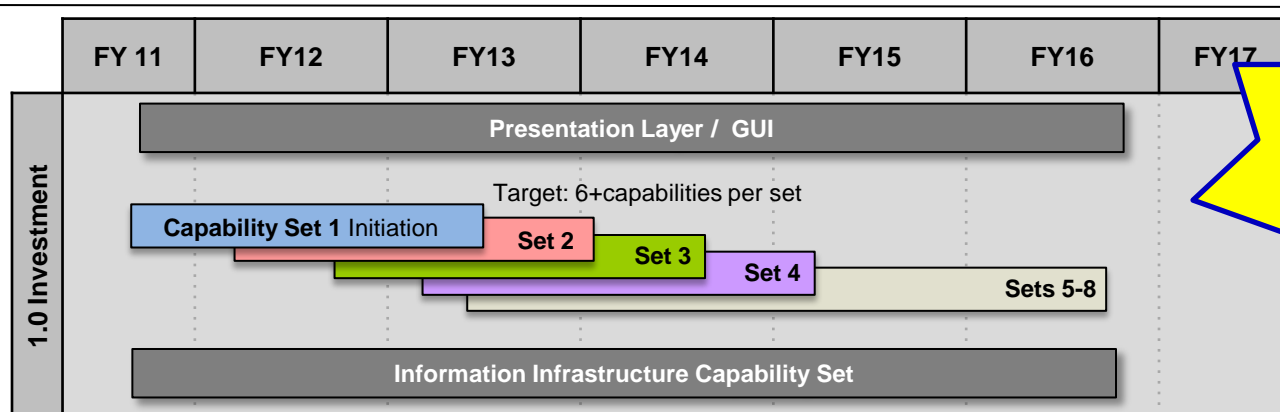
Common Information Interoperability Framework (CIIF)  
*Common Information Model, Common Terminology Model,  
 Information Exchange Specifications, Translation Service  
 Common Data Standards: SNOMED CT and Extensions, LOINC and RxNorm*

Common DoD-VA Measures of Effectiveness, Measures of Performance and Key Performance Parameters

 Joint DoD/VA
  DoD Only
  VA Only

*Delivery of seamless Health Care and Benefits*

# iEHR Capability Prioritization



## Information Infrastructure Capability Set 0A (Enabling Capabilities)

- Identity Management
- Access Control
- Presentation Layer (GUI)
- SSO-CM
- Information Model and Terminology Services
- Federated Data Repository / Data Warehouse
- Network and Security Architecture
- SOA Architecture

## Capability Set 0B (Common Services)

- Enrollment Eligibility
- Orders Service
- Clinical Decision Support (CDS)
- Barcoding
- Secure Messaging
  - Provider-Provider
  - Patient-Provider

## Capability Set 1A

- Pharmacy
  - Inpatient & Outpatient Orders Fulfillment
  - Inventory Management
  - Allergies
  - CDS
- Immunization
- Consult & Referral Management

## Capability Set 1B

- Care Management
- Emergency Department Care
- Laboratory
- Registration
- Scheduling Appoint
- Documentation

## Capability Set 2

- Anatomic Pathology
- Disability Evaluation
- Dental Care
- Credentialing
- Pharmacy
  - Barcoding
  - Mail Order
- Personal Health Record
- Radiology/Imaging

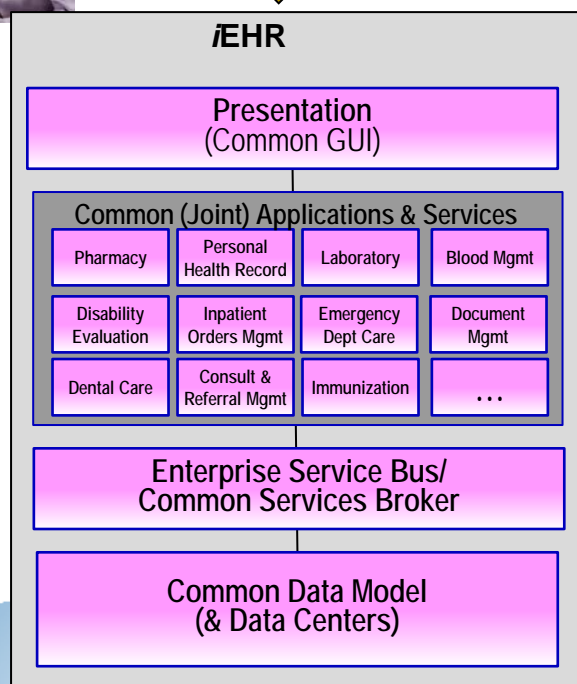
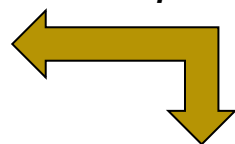
## Capability Sets 3-8

- Patient Portal Infrastructure
- Anesthesia Documentation
- Operating Room Management
- Medical Device Management
- Disease Management
- Disconnected Care
- Business Intelligence
- Patient Questionnaire
- Patient Consent
- Patient Education
- Alerts and Reminders
- Patient Self Report
- DoD/VA Registries
- NCAT (TBI Testing)
- Global Image Access
- Patient Safety Reports
- Teleconsultation
- Document Management
- Blood Management
- Private Sector Data Access
- Nutrition Care
- XML Forms Tool
- Utilization Management
- Genomics
- Encounter Coding

# Two Priorities for DoD – VA Health IT Efforts

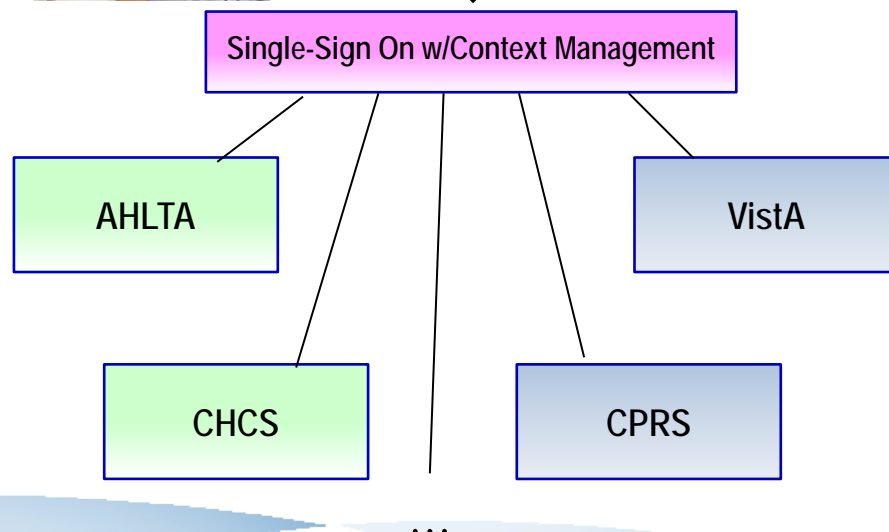
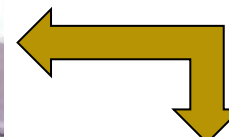
## Delivering a Joint DoD-VA Integrated Electronic Health Record (iEHR)

*Creating a single common health record throughout the continuum of care and life of a patient*



## Providing Effective Health Care at the Lovell FHCC (N. Chicago)

*Providing rapid and effective access to the legacy DoD and VA systems*






*Delivery of seamless Health Care and Benefits*





# iEHR & North Chicago Accomplishments

- Governance
  - Established an activated/operational Open Source Custodial Agent, October 31, 2011
  - Established Organization Structure and Staff Profile for IPO and iEHR PMO
- iEHR Capabilities
  - Deployed iEHR Graphical User Interface (GUI) at Tripler, July 2011
  - Achieved high level definition of Capability Sets 0 and 1 from the ICIB, December 5-6, 2011
  - Published Requests For Information (RFIs) for Pharmacy, Immunization and Scheduling
  - Finalized Health Data Dictionary (HDD) license negotiations
  - Awarded iEHR ESB acquisition
- North Chicago Deployments
  - Single patient registration, December 13, 2010
  - Single Sign-On/Context Management (SSO/CM), December 13, 2010
  - Radiological orders portability, June 15, 2011
  - Laboratory orders portability, December 30, 2011
  - Tripler GUI, December 2011

# iEHR Pilot GUI

Patient search:  
logout  

Patient Chart +

**ZZTEST,BBBB** • Alerts
 

po box 111111  
 HONOLULU , HI

SSN: 000000006  
 DOB: 1986-04-03  
 (h):  
 (w):  
 Gender: M

HON TAMC

**Allergies (20)**

Site	Name
HON	AMOXICILLIN
HON	ASCORBIC ACID
HON	ASPIRIN
TAMC	CEPHALEXIN MONOHYDRATE
HON	CHICKEN
HON	CHOCOLATE

**Immunizations (14)**

Site	Admin Date	Vaccine
HON	Sep 14, 2009	INFLUENZA
HON	May 11, 2009	PNEUMOVAX
HON	Nov 01, 2008	INFLUENZA
HON	Oct 04, 2007	INFLUENZA
HON	Nov 08, 2005	INFLUENZA

**Problem List (37)**













Site	Updated	Description	Status
HON	Feb 14, 2011	Depressive Disorder NOS (ICD-9-CM 311/300.4)	Active
HON	Jul 16, 2010	Dementia in conditions classified elsewhere without Behavioral disturbance (ICD-	Active
TAMC	Jun 28, 2010	OTHER MEDICAL EXAMINATION FOR ADMINISTRATIVE PURPOSE	Active
TAMC	Jun 03, 2010	ENCOUNTERS FOR UNSPECIFIED ADMINISTRATIVE PURPOSE	Active
TAMC	May 05, 2010	PERSISTENT DISORDER OF INITIATING OR MAINTAINING SLEEP	Active
HON	Apr 05, 2010	Addison's Disease	Active
HON	Mar 29, 2010	Parkinson Disease (ICD-9-CM 332.0)	Active
HON	Mar 03, 2010	Obesity in Diabetes	Active
HON	Jan 11, 2010	Schizophrenia	Active
HON	Jan 04, 2010	Cirrhosis	Active
HON	Oct 19, 2009	Diarrhea	Active
HON	Sep 23, 2009	Cirrhosis of the liver	Active
HON	Sep 23, 2009	Diabetes with	Active

**Outpatient Medications (6)**

Site	Last Fill	Active Prescriptions
HON	Apr 27, 2011	INDOMETHACIN 50MG CAP
HON	Feb 24, 2011	PROCRIT 20,000 UNITS/ML 1ML MDV
HON	Feb 14, 2011	SILDENAFIL*S* (Vardenafil pref)
HON	Jul 08, 2010	ATENOLOL
TAMC		CLAIM NOT PROCESSED.
TAMC		The PDTS profile request was rejected for the following reason:

**Labs (9)**

Site	Date	Test
TAMC	Mar 04, 2011 06:15	OCCULT BLOOD
TAMC	Mar 04, 2011 06:14	OCCULT BLOOD
TAMC	Mar 04, 2011 06:14	OCCULT BLOOD
TAMC	Mar 04, 2011 06:11	HCG QL
TAMC	Mar 04, 2011 06:11	URINALYSIS
TAMC	Mar 04, 2011 06:10	HCG QL
TAMC	Mar 04, 2011 06:10	URINALYSIS
TAMC	Mar 04, 2011 06:06	HCG QL
TAMC	Mar 04, 2011 06:06	URINALYSIS

 Problems
  Allergies
  Outpatient Medications
  Inpatient Medications
  Immunizations
  Outpatient Notes
  Inpatient Notes
  Consults
  Admissions
  Appointments
  Radiology
  Labs

## North Chicago: First Integrated Year

- Linking electronic medical records that allow portability between the DoD and VA systems
  - 829,399 total outpatient visits
  - 1,870,170 total pharmacy prescriptions
  - 4,489 inpatient admissions
  - ~38,000 recruits processed at USS Red Rover
  - ~90,000 medical records integrated
  - ~178,000 immunizations
  - 191,651 total dental visits
- Awards and Recognition
  - Named The Joint Commission's "Top Performer" (Top 13% of 3,099 hospitals in the nation)
  - Awarded Meritorious Unit Commendation
  - Opened both a state-of-the-art inpatient medical-surgical ward and the nation's first VA/DoD Caregiver Support Center

## VLER Health Accomplishments

- San Diego Pilot: Health Information Exchange (HIE) via Nationwide Health Information Network (NwHIN)
  - VA & Kaiser Permanente (KP) exchange patient data via point-to-point prototype - September 30, 2009
  - VA & KP share patient data through the NwHIN for VLER alpha test - December 17, 2009
  - DoD joined Pilot to implement 3-way exchange of a subset of C32 patient data - January 30, 2010
- Tidewater Pilot - September 15, 2010
  - Capability to exchange health information using the NwHIN tested between DoD, VA and private sector within a defined data set and a defined set of patients in a production environment
  - All partners expand San Diego C32 patient data set
  - MedVirginia added as private sector HIE partner
- Spokane Pilot – March 25, 2011
  - Inland Northwest Health Services added as third private sector HIE partner – data set expanded
- Puget Sound Pilot – September 30, 2011
  - MultiCare Health System added as fourth private sector HIE partner – all partners implement Foundational Clinical Data Set
- VA Implemented 8 additional two-way Pilots – September 30, 2011
  - Grand Junction, CO/Utah Health Information Network; Salt Lake City, UT/Utah Health Information Network; Charleston, SC/South Carolina Health Information Exchange; Buffalo, NY/Western New York Healthlink; Twin Ports/Minneapolis, MN/Community Health Information Collaborative; Indianapolis, IN/Indiana Health Information Exchange; Asheville, NC/Western Carolina Health Network; Richmond, VA/MedVirginia
- VLER Strategic Plan and VCA 1 CONOPS signed/approved – October 27, 2011



Questions?



# Backup

## NDAA 2011 Section 715 Reporting Requirements

- Section 715(a) of NDAA FY 2011 requested an enterprise risk assessment methodology study of DoD HIT programs.
  - Substantial information and analysis were provided in a prior related report to congressional committees, GAO's assessment of that report, and DoD's expanded response.
  - DoD is including additional information in its response to reporting requirements in NDAA 2012.
- The report under section 715(b), *Report to Congressional Defense Committees on Health Information Technology Organizational Structure and Future Plans*, was filed September 23, 2011.
- The report under section 715(c), on the status of DoD's implementation of recommendations in the GAO Report, *Information Technology: Opportunities Exist to Improve Management of DoD's Electronic Health Record Initiative*, GAO-11-50, was filed April 20, 2011.

- Recommendation #20: *Pending the implementation of a common electronic health record (EHR), find interim solutions to grant access to EHR for disability assessment. Achieve information technology interoperability between DoD, VA, and disparate civilian medical information systems. These record systems include electronic, paper, and other legacy medical information systems.*



## Definitions

- **Integrated Electronic Health Record (iEHR)**
  - Joint DoD-VA program to modernize legacy EHR capabilities and create a single common health record throughout the continuum of care and life of a patient
  - Will replace DoD's AHLTA and VA's VistA systems
- **North Chicago**
  - Five-year demonstration project that is the first integrated facility of its kind, serving both DoD and VA populations
  - The North Chicago Veterans Affairs Medical Center and the Naval Health Clinic Great Lakes merged to become the Captain James A. Lovell Federal Health Care Center on October 1, 2010
- **Virtual Lifetime Electronic Record (VLER)**
  - White House initiative to exchange data between DoD, VA, other Federal agencies , and private providers using national standards
    - Will provide comprehensive health, benefits, and administrative information, including personnel records and military history records
  - Four joint DoD-VA pilots are currently operational exchanging health data in San Diego, Tidewater, Spokane, and Puget Sound